

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		2					53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		1					63						
14		1					64						
15		1					65						
16		2					66						
17		2					67						
18		2					68						
19		2					69						
20		1					70						
21		2					71						
22	1						72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		4					80						
31		4					81						
32		4					82						
33		4					83						
34		4					84						
35	1						85						
36		1					86						
37		1					87						
38	1						88						
39		1					89						
40		1					90						
41		1					91						
42	1						92						
43		1					93						
44		1					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	68						TOTAL DEP.						
TOTAL CLAIMS	74						TOTAL CLAIMS						